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NAME: WILLIAMS, JOVONTAY AVERY

DOB: 1/16/1990

CLIENT: ENTERTAINMENT INDUSTRY FOUNDATION, INC.

(EIF)(CHRISTA WILLIAMS/MOTHER)

REPORT DATE: 7/6/2022

ACCESSION NO.: MLA22-000101

EXPIRATION DATE: 6/13/2022

AUTOPSY DATE: 7/6/2022

FINAL ANATOMIC DIAGNOSES

BODY AS A WHOLE:

Embalmed, well-developed, morbidly obese, Black male.

INTERGUMENTARY SYSTEM:

Early decomposition changes with foci of skin slippage.

Refer to the Evidence of Injury.

Large tattoos of the anterior upper chest area and lower anterior neck.

Multiple tattoos of the anterior aspect of the left upper arms, and the back of both hands.

Previous Y-shaped first-autopsy incision with sutures involving the anterior aspect of the trunk.

Previous extensive first-autopsy incision with sutures involving the upper back.

EVIDENCE OF INJURY:

RESTRAINT ASPHYXIA/POSITIONAL ASPHYXIA WHILE UNDER POLICE RESTRAINT
AND CUSTODY, WITH:

A. DIFFUSE HYPOXIC ENCEPHALOPATHY

BLUNT FORCE TRAUMA OF THE HEAD:

A. Dark purple oval recent contusion of the right forehead with focal subgaleal contusion with hemorrhage of right frontoparietal scalp region (5.0 x 4.0 cm).

TWO (2) SUTURED WOUNDS OF THE TRUNK:

A. A linear sutured wound of the right upper anterior abdomen (4.0 cm x 1.0 cm).

B. A linear sutured wound of the left anterior-lateral chest area (5.0 cm x 1.0 cm).

ONE (1) RECENT SUTURED WOUND OF THE ANTERIOR ASPECT OF THE RIGHT WRIST:

A. A linear sutured wound of the anterior aspect of the right (4.0 cm x 1.0 cm).

EVIDENCE OF RECENT MEDICAL INTERVENTION:

There is no Evidence of Recent Medical Intervention.

MUSCULOSKELETAL SYSTEM:

Refer to the Evidence of Injury.

RESPIRATORY SYSTEM:

Hyperemia of the larynx, trachea, and bronchi.

Bilateral acute hemorrhagic pulmonary edema and congestion, all lobes of both lungs.

No evidence of tumor or malignancy or granulomata.

No evidence of occlusive thromboemboli of the pulmonary arteries and their branches is identified.

CARDIOVASCULAR SYSTEM:

No significant atherosclerosis of the epicardial arteries is identified.

No congenital malformations of the cardiac chambers or myocardium is identified.

No gross evidence of acute myocardial infarction is identified.

HEMIC SYSTEM:

Acute passive congestion of the spleen is present.

GASTROINTESTINAL SYSTEM:

Acute passive congestion of the liver with fatty change.

Multifocal areas of acute mucosal hemorrhages with necrosis of the small and large bowels are present.

GENITOURINARY SYSTEM:

Not remarkable.

ENDOCRINE SYSTEM:

Not remarkable.

CENTRAL NERVOUS SYSTEM:

Refer to the Evidence of Injury.

Diffuse hypoxic encephalopathy associated with restraint asphyxia/positional asphyxia.

Focal acute subarachnoid hemorrhage involving the convexity and the base of the brain.

Acute cerebral edema and congestion, moderate.

ORGANS OF SPECIAL SENSE(S):

EYES: Status post embalming procedures.

EARS: Not remarkable.

TOXICOLOGY:

Liver and Skeletal muscle tissues are submitted to the Department of Forensic Toxicology, St. Louis University School of Medicine, St. Louis, Missouri, for comprehensive toxicology. Refer to the Toxicology Report.

X-RAYS:

None requested.

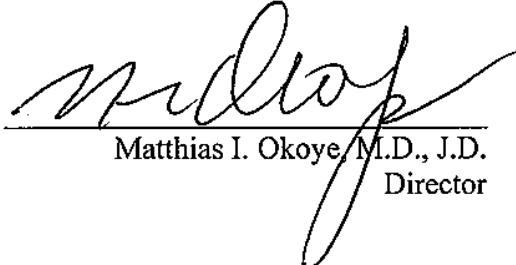
SUMMARY

In view of the clinical history and review of the hospital medical records and the police video at the scene and the findings at the second autopsy, the cause of death in this Black male, Jovontay Avery Williams, is restraint asphyxia/positional asphyxia by the police while under the police restraint and custody. The other significant conditions are diffuse hypoxic encephalopathy and blunt force trauma of the head.

MIO/MIO

D: 7/6/2022

T: 7/6/2022



Matthias I. Okoye, M.D., J.D.
Director

NAME: WILLIAMS, JOVONTAY AVERY
DOB: 1/16/1990
CLIENT: EIF, INC.
FAMILY REQUESTED AUTOPSY

ACCESSION: MLA 22-00101
EXPIRATION DATE: 6/13/2022
AUTOPSY DATE: 7/6/2022
REPORT DATE: 7/6/2022

CLINICAL

The deceased, Jovontay Avery Williams, with date of birth of 1/16/1990, apparently died in police custody on 6/13/2022 in Charlotte, North Carolina. According to the news reports from Charlotte Observer, around 2:00 a.m. on 6/13/2022, the Mecklenburg Police responded to a report of shots fired into a home in the 300 block of Featherstone Drive in the northeast Charlotte, North Carolina. Neighbors alerted officers to Williams, who was seen yelling and acting "erratically" behind another home, CMPD said. He wasn't really actively communicating with officers, police Lt. Bryan Crum said during a news conference after the incident. The officers tried to calm Williams down before using a "soft empty hands" technique to detain him after he tried to force his way into another home, Crum said. Williams was later taken to Atrium Health University Hospital before being transferred to Northeast Hospital. According to the police, officers found a firearm and drug paraphernalia at the scene and "suspected narcotics" were discovered near Williams. They also found a "white powder substance" laying in the grass beside Williams. The deceased was pronounced dead at approximately 6:05 a.m., 6/13/2022.

EXTERNAL EXAMINATION

GROSS DESCRIPTION

The body is that of a morbidly obese, well-developed Black male, who is embalmed and whose appearance is consistent with the reported age of 32 years. The body measures 190.0 cm tall and the estimated body weight is 300 lbs. The scalp hair is black and measures 2.0 cm long, while the mustache is black and measures 0.5 cm and the beard measures 1.0 cm long. The irides of the eyes are brown and the conjunctivae and sclerae are congested. The dentition is natural. The Evidence of Injury and the Evidence of Recent Medical Intervention are described below. The external genitalia consist of a circumcised penis and the scrotum is unremarkable. There are multiple tattoos of the anterior chest and the upper extremities.

POSTMORTEM CHANGES:

Rigor mortis has disappeared in the cold body, while lividity is posterior, purplish and in the dependent parts of the body. There are early decomposition changes with foci of skin slippage of the head and the torso.

CLOTHING:

There is no clothing on the body.

IDENTIFICATIONS:

- A. Multiple tattoos of the upper anterior chest area and the upper extremities.
- B. Name tags (yellow and white) of the funeral home are present.
- C. "Jovontay" written tattoo of the back of the right wrist joint and the right hand.
- D. A "dice" tattoo of the back of the left wrist joint and the left hand.

EVIDENCE OF INJURY:

BLUNT FORCE TRAUMA OF THE HEAD:

- A. There is a dark purple recent oval contusion of the right forehead with focal subgaleal contusion and acute hemorrhage of the right frontoparietal scalp region (5.0 x 4.0 cm).

TWO (2) SUTURED WOUNDS OF THE TRUNK:

- A. There is a linear sutured wound of the right upper anterior abdomen (4.0 x 1.0 cm).
- B. There is another linear sutured wound of the left anterior lateral chest area (5.0 x 1.0 cm).

ONE RECENT SUTURED WOUND OF THE ANTERIOR ASPECT OF THE RIGHT WRIST:

- A. There is a linear sutured wound of the anterior aspect of the right wrist in its anterior aspect (4.0 x 1.0 cm).

EVIDENCE OF RECENT MEDICAL INTERVENTION:

There is no Evidence of Recent Medical Intervention except for (a) previous Y-shaped thoraco-abdominal incision with sutures; and (b) previous extensive linear incision of the upper back -- both related to the 1st autopsy procedures.

INTERNAL EXAMINATION:

PRIMARY INCISION:

The previous Y-shaped incision is utilized for the 2nd autopsy. The panniculus adiposis is 3.0 cm thick. The breasts are those of a male with normal nipples.

MUSCULOSKELETAL SYSTEM:

The vertebrae, clavicles, sternum, ribs, and pelvis are unremarkable without fractures. The musculature is normally distributed and is unremarkable except for the Evidence of Injury described above.

BODY CAVITIES:

The thoracic and abdominal organs have been eviscerated during the 1st autopsy and are placed in a body bag with formalin fixative present. There are no fibrous adhesions observed.

RESPIRATORY SYSTEM:

The upper airway has been previously dissected and sectioned with the skeletal muscles of the neck sectioned in layers. There is hyperemia of the larynx, trachea, and bronchi. The lungs have been dissected and sectioned. There is gross evidence of bilateral acute hemorrhagic pulmonary edema and congestion involving all of the lobes of both lungs. No evidence of tumor or malignancy is identified. No evidence of occlusive thromboemboli of the pulmonary arteries and their branches is identified on further sectioning of the lungs.

CARDIOVASCULAR SYSTEM:

The heart has been dissected and serially sectioned during the 1st autopsy. Further sectioning during the 2nd autopsy shows no gross evidence of significant atherosclerosis of the epicardial coronary arteries. No congenital malfunctions of the cardiac chambers or myocardium is identified. There is no gross evidence of acute or old myocardial infarction is identified. The Right Ventricle (RV) measures 0.5 cm thick; the Left Ventricle (LVFW) measures 0.5 cm thick; the Interventricular Wall (IVS) is 1.5 cm thick. The valves and their orifices are unremarkable and measure: TV (11.0 cm); PV (7.0 cm); MV (10.0 cm); and AV (6.5 cm). The thoracic and the descending aorta and the iliac and femoral arteries and the inferior vena cava and the portal vein are all unremarkable with no occlusion.

HEMIC SYSTEM:

The spleen has been serially sectioned. Further sectioning shows acute passive congestion with no tumor or malignancy or granulomata.

GASTROINTESTINAL SYSTEM:

The liver has been sectioned previously and further sectioning shows acute passive congestion and fatty change. There is no tumor identified. The large and small intestines show multifocal areas of acute hemorrhagic necrosis. No tumor or malignancy or ulcers are identified in the intestines.

GENITOURINARY SYSTEM:

The kidneys have been sagittally and transversely sectioned previously. Further dissection of these kidneys shows acute congestion but no tumor or malignancy. The ureters are unremarkable. The urinary bladder is hyperemic and shows no tumor. The prostate gland is unremarkable with tumor or malignancy on further sectioning.

ENDOCRINE SYSTEM:

The thyroid gland on further sectioning is unremarkable. The adrenal glands show autolysis. The pancreas is congested on sectioning and fails to show tumor or granulomata. The pituitary gland has been removed at the 1st autopsy.

CENTRAL NERVOUS SYSTEM:

Refer to the Evidence of Injury. The brain has been serially sectioned in a coronal fashion at the 1st autopsy. The cerebral hemispheres show foci of acute subarachnoid hemorrhage involving the convexity and the base of the brain. There is also gross evidence of acute cerebral edema and congestion of moderate nature. The dural mater is also the seat of small focal acute hemorrhage without clots present or adherent to its surfaces. The pons, medulla, and the basal ganglia are devoid of focal acute hemorrhages or necrosis or tumefaction or granulomata. The hippocampi gyri show focal necrosis. The cerebellum and the tegmentum show autolysis. There are no cystic degenerative changes of the gray and white matter of the serially sectioned cerebral hemispheres and the cerebellum or the thalamus or midbrain or the brainstem. The vasculature of the basilar-vertebral system and the Circle of Willis are unremarkable and thin-walled without any significant atherosclerosis or occlusion.

ORGANS OF SPECIAL SENSES:

EYES: The eyes are normal except for congestive changes. *EARS:* The internal ears are unremarkable without fractures of the base of the skull or the calvarium.

TOXICOLOGY:

Refer to the Toxicology Report attached herewith.

X-RAYS:

None requested.

MICROSCOPIC EXAMINATION:

MICROSCOPIC LOG:

1-4) Brain; 5) Liver and Muscle; 6-7) Right and Left lung; 8) Liver; 9) GIT and Urinary Bladder; 10) Muscles and Brain and Bladder.

The microscopic examination of the various tissue sections listed in the microscopic log confirms the previously identified gross autopsy findings. The liver sections show fatty metamorphosis of the liver cells. The brain sections show histologic evidence of diffuse anoxic changes of the neurons and acute cerebral edema and features consistent with focal acute subarachnoid hemorrhage. Sections of the gastrointestinal tract show autolytic changes.

**St. Louis University Forensic Toxicology Laboratory****Report of Forensic Toxicology Analysis**

Client:	Nebraska Institute of Forensic Sciences	Name	Williams, Jovontay
Requested by:	Matthias Okoye	DOB:	01/16/1990
Client Case Number	MLA22-101	Gender:	M
SLU Tox Number:	2022-2340	Report Issued:	7/29/2022
Request Number:	0001		
Specimens Received:	07/15/2022 11:19 am		

POSITIVE RESULTS


Specimen	Compound	Result	Units	Analytic Method
001.001	Ethanol	0.086	g%	GC-FID
001.001	Methanol	Confirmed Present		GC-FID
001.001	Fentanyl	7	ng/gm	LC-MS/MS
001.001	Acetaminophen	1118	ng/gm	LC-MS/MS
001.001	Benzoyllecgonine	4535	ng/gm	LC-MS/MS
001.001	Cocaine	< 80	ng/gm	LC-MS/MS
001.001	Diphenhydramine	1544	ng/gm	LC-MS/MS
001.001	Lorazepam	75	ng/gm	LC-MS/MS
001.001	Midazolam	193	ng/gm	LC-MS/MS
001.001	Naloxone	< 4	ng/gm	LC-MS/MS

SLUTOX ID	Specimen Description	Comment
001.001	Liver 30g plain bottle	
001.002	Muscle 20g plain bottle	

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Director: Sarah B. Riley, Ph.D., DABCC

Accredited College of American Pathologists

Report Certified By:



Sarah Riley, PHD, DABCC, DABTC, Director

Reference Comments:

Benzoylcegonine is an inactive metabolite of cocaine.

Cocaine is a naturally occurring central nervous system stimulant used in medicine as a local anesthetic and is commonly abused for its stimulant properties. It metabolizes rapidly into norcocaine, ecgonine methyl ester and benzoylcegonine. Benzoylcegonine then further metabolizes into cocaethylene and ecgonine. Adverse effects include anxiety, agitation, confusion, hyperactivity, irritability, hypertension, diaphoresis, mydriasis and tachycardia. In a study 734 impaired drivers, plasma concentrations averaged 0.84 mg/L (range <0.01-2.0 mg/L). In nineteen cases of fatalities the average blood concentrations were 5.3mg/L (range 0.9-21mg/L). May exhibit postmortem redistribution.

Lorazepam (Ativan, Temesta) is a benzodiazepine used for treatment of anxiety. In an 8 man study, the therapeutic plasma levels averaged 18 mcg/L per single 2 mg dose. Adverse side effects include sedation, dizziness, weakness and unsteadiness. Does not exhibit postmortem redistribution.

Naloxone (N-allylnoroxymorphone, Narcan, Talwin Nx, Targinact) is a synthetic opioid antagonist. The drug is routinely administered to all comatose patients in many emergency facilities in case a narcotic analgesic is the cause of the intoxication.

Diphenhydramine (Benadryl, Nytol, Sleep-Eze, Sominex, Unisom ingredient) is an antihistamine also used for sedative and antiemetic effects. In 11 fatal adult cases, the average blood concentration of diphenhydramine was 16 mg/L (range 8-31 mg/L). Is subject to postmortem redistribution.

Acetaminophen (Tylenol, paracetamol, N-acetyl-p-aminophenol, Ofirmev, Panadol) is an over the counter non-narcotic analgesic agent. Acetaminophen has antipyretic effects but lacks anti-inflammatory properties. In six fatalities due to overdosage the average blood concentration was 248 mg/L (range 160-387mg/L). May exhibit postmortem redistribution.

Fentanyl (Absiral, Actiq, Duragesic, Fentora, Ionsys, Lazanda, Matrifen, Onsolis, PecFent, Sublimaze, Subsys) is a synthetic opioid of high potency and short duration. It is closely related to methylfentanyl, alfentanil and sufentanil. Metabolites include despropionylfentanyl, hydroxylfentanyl, norfentanyl and hydroxynorfentanyl. Adverse effects include severe respiratory depression, muscle rigidity, seizures, coma and hypotension. In seven cases of adult fatalities due to injection, the average blood concentration was 8.3 µg/L (range 3.0-28 µg/L). May exhibit postmortem redistribution.

Midazolam (Dormicum, Hypnovel, Versed), a benzodiazepine, has been utilized as a preoperative medication, sedative-hypnotic and anesthetic. It is currently supplied in the United States as a hydrochloride salt in a 1 or 5mg/mL injectable solution and a 2mg/mL oral syrup. Adverse reactions include respiratory depression, apnea and hypotension; anterograde amnesia may last as long as 2 hours after injection. May exhibit postmortem redistribution.

Specimen Source Analysis Performed

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Williams, Jovontay

2022-2340

001.001 4002: Tissue Alcohol and Volatile Substances
 3076: Fentanyl and Analogues, Other
 3078: Toxicology Panel 3, Other

Additional Comments:

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analytic Summary and Reporting Limits.

*Specimen weights and volumes are approximate.

Confirmed Present: Compound was identified by two distinct methods, in multiple specimens, or by repeat analysis in accordance with American Board of Forensic Toxicology standards.

Detected: Compound was detected in a single specimen by one analytical method. Additional testing may be necessary for forensic confirmation. Please contact the laboratory for assistance with additional testing.

All analyses were performed under chain of custody. The chain of custody documentation is maintained at St. Louis University Forensic Toxicology Laboratory.

The remainder of the specimens submitted for analysis are scheduled for disposal twenty-four (24) months from the date of this report unless alternative arrangements are made for extended storage.

The data generated in the determination of the results contained in this report are kept on file at St. Louis University Forensic Toxicology Laboratory.

Analytic Summary and Reporting Limits:

Requested analysis: Toxicology Analysis

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope.

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4002: Tissue Alcohol and Volatile Substances

Quantitative measurement of ethanol (ethyl alcohol), methanol (methyl alcohol), isopropanol (isopropyl alcohol), and acetone in tissue homogenate by Headspace Gas Chromatography-Flame Ionization Detection. Qualitative Analysis of difluoroethane and chloroform.

Compound	Reporting Limit
Ethanol	0.02 g%
Methanol	0.02 g%
Isopropanol	0.02 g%
Acetone	0.02 g%
Difluoroethane	
Chloroform	

3076: Fentanyl and Analogues, Other

Quantitative Confirmation of the listed compounds by High Performance Liquid Chromatography-Tandem Mass Spectrometry. The reporting limit for all compounds is 0.5 ng/mL.

Compounds Included: Fentanyl Norfentanyl (fentanyl metabolite) 4-ANPP Acetyl Fentanyl Acryl Fentanyl Butyl Fentanyl Carfentanil Cyclopropyl Fentanyl Furanyl Fentanyl Methoxyacetyl Fentanyl Valeryl Fentanyl U-4770

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3078: Toxicology Panel 3, Other

Quantative Confirmation of the listed compounds by High Performance Liquid Chromatography- Tandem Mass Spectrometry. Includes the following compounds:

Compound	Reporting Limit (ng/mL)	Compound	Reporting Limit (ng/mL)
6-monosacetyl morphine	5	MDEA	10
7-aminoclonazepam	5	MDMA	10
Acetaminophen	100	MDPV	10
Alprazolam	5	Meprobamate	10
Amitriptyline	20	Mephedrone	20
Amphetamine	10	Mephedrone	20
Benzoyl fentanyl	50	Mephedrone	10
Buprenorphine	0.5	Methylphenidate	10
Bupropion	10	Midazolam	5
Carbamazepine	200	Miltargyline (Kratom)	10
Carisoprodol	20	Morphine	5
Chlordiazepoxide	5	Naloxone	1
Citalopram/escitalopram*	5	Norbuprenorphine	0.5
Clozapine	20	Nordiazepam	20
Clonazepam	5	Norfluoxetine	5
Cocaine	20	Nortriptyline	20
Codine	5	O-desmethylenetaxine	10
Cyclobenzaprine	1	Olanzapine	5
Desalkylflurazepam	5	Oxazepam	20
Desipramine	20	Oxycodone	5
Dextromethorphan	10	Oxycodone	5
Diazepam	20	Paroxetine	5
Diphenhydramine	10	PCP	5
Doxepin	20	Pregabalin	100
EDDP	20	Propranolol	10
Flunitrazepam	5	Propoxyphene	10
Fluoxetine	5	Pseudoephedrine	5
Flurazepam	5	Quetiapine	50
Gabapentin	200	Sertraline	5
Hydrocodone	5	Temazepam	20
Hydromorphone	5	THC-COOH	5
Imipramine	20	Topiramate	200
Levamisole	200	Tramadol	10
Ketamine	10	Trazodone	50
Lorazepam	5	Venlafaxine	10
MDA	10	Zolpidem	5

*This assay cannot distinguish citalopram from escitalopram
Free opiates are measured

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